

**State of New Jersey — Department of the Treasury**  
**Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524**

**APPLICATION FOR RETIREMENT**  
**ALTERNATE BENEFIT PROGRAM**

**PART ONE: Member Information - Please print or type clearly.**

1. Name (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_
2. Home Address (STREET, APT #, CITY, STATE, ZIP) \_\_\_\_\_  
\_\_\_\_\_
3. Daytime Phone No. \_\_\_\_\_
4. Date of Birth (MONTH, DAY, YEAR) \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Date of retirement for immediate disbursement \_\_\_\_\_
7. Have you filed an application for retirement benefits with your carrier? ☐ Yes ☐ No
8. Is the distribution from a Supplemental Retirement Annuity? ☐ Yes ☐ No
9. Investment Carrier(s):  
\_\_\_\_\_ AIG - VALIC  
\_\_\_\_\_ CitiStreet  
\_\_\_\_\_ Equitable  
\_\_\_\_\_ The Hartford  
\_\_\_\_\_ ING  
\_\_\_\_\_ TIAA/CREF

**PART TWO: CERTIFICATION OF EMPLOYING AGENCY - Please print or type clearly.**

1. Employing Institution \_\_\_\_\_
2. Employer's Location Number \_\_\_\_\_
3. Employee's Membership No. \_\_\_\_\_
4. Last Day Employee Worked (month, day ,year) \_\_\_\_\_
5. Final 12 month's salary \_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Officer

\_\_\_\_\_  
Date

**FOR DIVISION USE ONLY:**

Years of Service \_\_\_\_\_ Base Salary (preceding 12 months) \_\_\_\_\_